Facility Name: Attalla City Of Wwt Lagoon
Permit Number: AL0057657

* Date/Time SSO Began:
- 3/5/2020 10:00:00 AM
  - Yes ☐ No ☐

* Is SSO currently ongoing?
- No ☐ Yes ☐

Date/Time SSO Stopped:
- 3/6/2020 7:00:00 AM
  - Yes ☐ No ☐

Did the SSO occur during wet weather?
- No ☐ Yes ☐

Was the SSO caused by an extreme weather event (e.g. hurricane)?
- No ☐ Yes ☐

Report Estimated Volume as
- Estimated Volume

Was the Department notified within 24 hours?
(If report online, verbal notification is not required)
- Yes ☐ No ☐

Source of Discharge Event:
(check all that apply)

- Manhole ☑ Lift station ☑ Broken line ☑
- Cleanout ☑ Treatment plant ☑ Other ☑

Location of Discharge (address, etc)
(not required if "Lat/Long of Discharge" is reported)

Lat/Long of Discharge
(not required if "Location of Discharge" is reported)

Known or Suspected Cause of Discharge

Ultimate Destination of Discharge
(check all that apply)

- Storm drain ☑ Drainage ditch ☑
- Backup into building/residence ☑

Date/Time of Notification:
- 3/6/2020 9:00:00 AM

Method of notification:
- Verbal/Telephone ☑ Electronic via eSSO ☑ Other ☑

Latitude: 34.022778
Longitude: -86.087222

I & I

Un-named Tributary

Ground absorbed

Creek or river (Provide name) BIG WILLS CREEK (1499)
Did the Discharge reach swimming water?  
☐ Yes ☐ No ☐ Unknown
☐ complete ☐ ongoing ☐ not necessary

Was the affected area  

Are you aware of any other potential health or environmental impacts  

Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health

Indicate Efforts to Notify Public  
(check all that apply)

Indicate Other Officials Notified  
(check all that apply)

Were any public water supply intake locations affected?  
Facility SSO Report ID

☐ other (describe)  

Cleaned? ☐ Yes ☐ No  
Disinfected? ☐ Yes ☐ No  
☐ No ☐ Yes  
If Yes, please describe:

continue to rehabilitate sewer mains

☐ press release  
☐*
☐ placement of signs

☐ other reported on City website

* Date Public Was Notified: 3/6/2020  
☐ notice not required because:  
☐ County Health Department

* Date Other Officials Were Notified: 3/6/2020  
☐ State Health Department

* Date Other Officials Were Notified: 3/6/2020  
☐ other

☐ notice not required because:

Other States:

☐ Yes ☐ No

General Comment:

General Report

Facility SSO Report ID

N/A